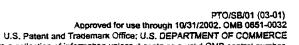


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DECLARATION FOR	Attorney Docket No	mbei	MAL - 190				
DECLARATION FOR DESIGN	First Named Invent	or	nedeljko Gvozdic				
PATENT APPLI	COMPLETE IF KNOWN						
(37 CFR 1.0	Application Number						
X Declaration	Destantion	Filing Date					
Submitted OR	Declaration Submitted after Initial	Group Art Unit					
	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name					
As a below named inventor, I here	eby declare that:		·····				
My residence, mailing address, and	citizenship are as stated	below next to my name.					
I believe I am the original, first and s names are listed below) of the subje	sole inventor (if only one rect matter which is claime	name is listed below) or an d and for which a patent is	onginal, t sought o	first and joint inventor n the invention entitle	r (if plural ed:		
REINFORCE, LAMINATI CROSSLINKED POLYVII				MATERIALS A	S		
the specification of which	(Title of the	Invention)					
is attached hereto							
OR		<del></del>					
was filed on (MM/DD/YYYY) as United States Application Number or PCT International							
ţ							
Application Number	and was am	ended on (MM/DD/YYYY)			(if applicable).		
I hereby state that I have reviewed amended by any amendment spec	and understand the conte ifically referred to above.	ents of the above identified	d specifica	ition, including the cl	aims, as		
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or							
PCT international filing date of the continuation-in-part application.  I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)		Foreign Filing Date (MM/DD/YYYY)	Priority lot Claim	1	opy Attached?		
NONE		(AMNUUTTITI)					
Additional fore	ign application	numbers are 1	isted	on a suppl	emental		

data sheet P10/SB/02B attached hereto.



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## **DECLARATION** — Utility or Design Patent Application

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are believe made are o	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 3 to 3.0. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME O	F SOLE OR FIRST INVENTOR:	A petition h	as be	en filed for this un	signed inventor			
	Given Name (first and middle [if any]) Nedeljko Vladimira  Family Name or Surname Gvozdic							
Inventor's Signature	Inventor's Medelino Madimira Groste Date 10/06/2001							
Residence	: c:ty Gainesville		Country USA	Citizenship USA				
Mailing Ac	Mailing Address 1646 NW 22nd Circle,							
City				ZIP 32605	Country USA			
NAME O	NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor							
Given Nan (first and	ne niddle [if any])	Family Name or Surname						
inventor's Signature	Inventor's Signature				Date			
Residence	: City	State		Country	Citizensnip			
Mailing Address								
City		State	2	ZIP	Country			
Additional Inventors are being named on the supplemental additional inventor(s) sheet(s) PTP/SB/O2A attached hereto.								

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		Application Number				
		Filing Date				
		First Named Inventor	Nedeljko Gvozdic			
	TTORNEY OR	Title	Reinforce, Laminate			
AUTHORIZATI	ON OF AGENT	Group Art Unit				
		Examiner Name				
		Attorney Docket Number	MAC - 198			
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OR	Customer Number		Number Bar Code  Label here			
X Practitioner(s) n	named below:					
	Name	Re	gistration Number			
Robert I	. McKellar	26,0	إصواحي بالمراجي والمراجي والم			
business in the United	or agent(s) to prosecute the States Patent and Traden respondence address for t	nark Office connected the	erewith.			
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business in the United Please change the cor The above-mention OR Practitioners at Coor X Firm or Individual Name Address Address City Country Gelephone I am the: X Applicant/Inver Assignee of records	Robert L. McKell 816 West Wackerl Midland USA (989) 631-4551	ar y St. Suite # 2 State M Fax (989)	Place Customer Number Bar Code Label here  Zip 48640-2730			
business in the United Please change the cor The above-mention OR Practitioners at Coor X Firm or Individual Name Address Address City Country Gelephone I am the: X Applicant/Inver Assignee of records	Robert L. McKell 816 West Wackerl Midland USA (989) 631-4551  mtor.  cord of the entire interest. Ser 37 CFR 3.73(b) is enclose.	ar y St. Suite # 2  State M Fax (989)	Place Customer Number Bar Code Label here  Zip 48640-2730  9) 832-8990			
business in the United Please change the cor The above-mention OR Practitioners at Coor X Firm or Individual Name Address Address City Country Felephone I am the: X Applicant/Inver Statement und	Robert L. McKell 816 West Wackerl Midland USA (989) 631-4551  mtor.  Cord of the entire interest. Signature of Appli	ar y St. Suite # 2  State M  Fax (989)  See 37 CFR 3.71.  Seed. (Form PTO/SB/96).  Icant or Assignee of Recommends	Place Customer Number Bar Code Label here  Zip 48640-2730  9) 832-8990			
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NOTE: Signature of all the invetors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required

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